VILLAGE OF SAG HARBOR

BUILDING DEPARTMENT

55 Main St., PO Box 660
Sag Harbor, N.Y. 11963-0015
Tel: 631-725-0224 Fax: 631-725-4852

OWNER'S AUTHORIZATION

The undersigned are the sole owners of the premises located at:
_____, Sag Harbor, New York.
SCTM: # _____ and hereby authorize
_____ to apply for and obtain:

Check as applicable:

(a) Building Permit ( )
(b) Certificate of Occupancy ( )
(c) Zoning Variance ( )
(d) Subdivision Approval ( )
(e) Certificate of Appropriateness
(f) Other _____ (Describe)

The undersigned hereby hold harmless and indemnify the Village of Sag Harbor, including its agencies, officials and employees, against any claim, cost or expense, including attorney's fees, by reason of their reliance upon this authorization.

Dated: _____ Sign Here: _____
Print Name:_____

Sign Here: _____
Print Name:_____

On the _____ day of _____, 20__ before me, the undersigned personally appeared_____, personally known to me or proved to me on the basis of satisfaction evidence to be the individual(s) whose name(s) is/are subscribed to within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on this instrument, the individual(s) acted, executed the instrument.

_____ Signature of Notary